



DEPARTMENT OF HEALTH & HUMAN SERVICES  
Health Care Financing Administration

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Center for Medicaid and State Operations  
7500 Security Boulevard  
Baltimore, MD 21244-1850

June 1, 2001

Charles Wilhelm, Director  
Department of Health and Family Services  
Office of Strategic Finance  
1 West Wilson Street  
P.O. Box 7850  
Madison, Wisconsin 53707-7850

Dear Mr. Wilhelm:

I am pleased to inform you that your request for a Medicaid home and community-based services waiver, authorized under section 1915 (c) of the Social Security Act, for the aged and persons with physical disabilities has been approved. The waiver will provide home and community-based services for individuals who would otherwise require care in a nursing facility (NF). This waiver is a part of Wisconsin's Family Care Program.

Specifically, you requested a waiver to provide case management, supportive home care (including personal care, supervision, routine home care services and chore services), respite care, adult day care, habilitation (including day services, prevocational services, supported employment and daily living skills training), home modifications, specialized transportation, specialized medical equipment and supplies, personal emergency response systems, residential services, adaptive aids, communication aids, consumer training and education, counseling and therapeutic resources, home delivered meals, housing counseling and skilled nursing services that extend beyond the state plan limits. You also requested waivers of section 1902(a)(1), 1902(a)(10)(B) and 1902(a)(10)(C)(i)(III) which deal with "statewideness", "comparability of services," and waiver of community deeming rules for the medically needy, respectively. This waiver request has been assigned control number **0367** which should be used in all future correspondence.

Based on the assurances and information you provided, I approve the revised waiver request cited above for a three-year period effective January 1, 2002, as requested. With a satisfactory showing, the waiver may be renewed at the end of the 3-year period. The following estimates of unduplicated waiver recipients and the average per capita cost of waiver services have been approved:

<u>Year</u>	<u>Unduplicated Recipients</u>	<u>Factor D</u>
1	7,788	\$9,430
2	8,392	\$9,878
3	9,045	\$10,354

This approval is subject to your agreement to serve no more individuals than those indicated as unduplicated recipients shown above. Additionally, you have assured us that the cost of waiver services (factor D) reflect state and federal costs only, after any recipient cost-sharing has been subtracted from the total cost of services.

The waiver request, and the additional clarifying information the State provided us, conforms fully to the requirements of the statute and Medicaid regulation. We appreciate the effort and cooperation provided by you and your staff.

Sincerely,

Mary Jean Duckett  
Director  
Division of Benefits, Coverage and Payments

cc: ARA, Chicago Regional Office